



**CITY OF NEW ORLEANS**  
**DEPARTMENT OF SAFETY & PERMITS**  
**Building Permit Application**

**Date:** \_\_\_\_\_ **Tracking Number:** \_\_\_\_\_

**Applicant's Name (Please Print):** \_\_\_\_\_

**Permit Address:** \_\_\_\_\_ **Suite/Unit:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Owner Telephone No.:** \_\_\_\_\_ **Secondary Telephone No.:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Contractor Address:** \_\_\_\_\_ **Suite/Unit:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Resident Status Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Existing Use:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

**Description of proposed work:** \_\_\_\_\_

**Value of proposed work: \$** \_\_\_\_\_ **Related Permit(s):** \_\_\_\_\_

**Number of Buildings:** \_\_\_\_\_ **Number of Units:** \_\_\_\_\_ **Number of Floors:** \_\_\_\_\_

**Foundation Type:** Slab / Pier | **Sprinklers:** Yes / No | **Building Condition:** Good / Average

**For new construction and commercial permits, please fill out both pages of this application.**

**By signing below, I understand that no refunds will be granted once the Department of Safety & Permits has accepted payment for this permit:**

**Applicant Signature:** \_\_\_\_\_

**SAFETY & PERMITS USE ONLY**

**Tax Bill Number:** \_\_\_\_\_ **Square Number:** \_\_\_\_\_ **Lot Number:** \_\_\_\_\_

**Lot Size:** \_\_\_\_\_ **Corner Lot:** Yes / No | **Waterfront:** Yes / No

**Zoning District:** \_\_\_\_\_ **HDLC / VCC** **BZA#:** \_\_\_\_\_ **Ordinance Number:** \_\_\_\_\_

**FIRM Zone:** \_\_\_\_\_ **Elevation Required:** \_\_\_\_\_

**Permit Analyst:** \_\_\_\_\_

**Building Information:**

SBCCI Construction Type: \_\_\_\_\_ Number of Existing Electric Meters: \_\_\_\_\_

Number of Floors: \_\_\_\_\_

**Single-Family and Two-Family Building Information**

Square Footage of Dwelling: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Square Footage of Garage: \_\_\_\_\_ Central A/C and Heat: Yes / No | Fireplaces: Yes / No

**Multi-Family and Commercial Building Information**

Number of Residential Units: \_\_\_\_\_

Efficiency Units: \_\_\_\_\_, 1 Bedroom: \_\_\_\_\_, 2 Bedrooms: \_\_\_\_\_, 3 or more Bedrooms: \_\_\_\_\_

Number of Elevators: \_\_\_\_\_ (Passenger Elevators: \_\_\_\_\_ Freight Elevators: \_\_\_\_\_ )

Number of Escalators: \_\_\_\_\_ | Number of A/C units: \_\_\_\_\_ Total Tonnage: \_\_\_\_\_

Number of Boilers: \_\_\_\_\_ HP Boilers: \_\_\_\_\_ HWHs: \_\_\_\_\_ Gas Meters: \_\_\_\_\_

ABO License Number: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Architect/Engineer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Architect/Engineer Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Helpful Telephone Numbers:**

Department of Safety & Permits:		Orleans Parish Board of Assessors	658-1300
Director's Office	658-7200	New Orleans City Council	658-1000
Plan Processing	658-7115	City Planning Commission	658-7000
Zoning Administration	658-7125	Historic District Landmarks Comm.	658-7040
Building Inspections	658-7130	Fire Prevention	658-4770
Electrical Inspections	658-7145	State Health Department	568-7970
Mechanical Inspections	658-7153	State Fire Marshall	219-4600
		FEMA	1-800-820-1125

**SAFETY & PERMITS USE ONLY – SPECIAL APPROVALS**

Approval Type / Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_

Approval Type / Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Department: \_\_\_\_\_